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ABSTRACT

The monograph reports on the University of Washington's School of Nursing involvement in the joint planning of a building to be shared by three educationally autonomous but administratively coordinated schools in a health sciences complex. The final product was a functional interdisciplinary unit capable of accommodating the schools of dentistry, medicine, nursing, pharmacy, and a health science library. The monograph discusses in detail the concept of health science, the needs and goals of the project, the guidelines that were established, the planning for space needs, the various contributions of the task force, a description of the site visit, the functions of the master building committee, and the role of the School of Nursing in the planning. (BP)

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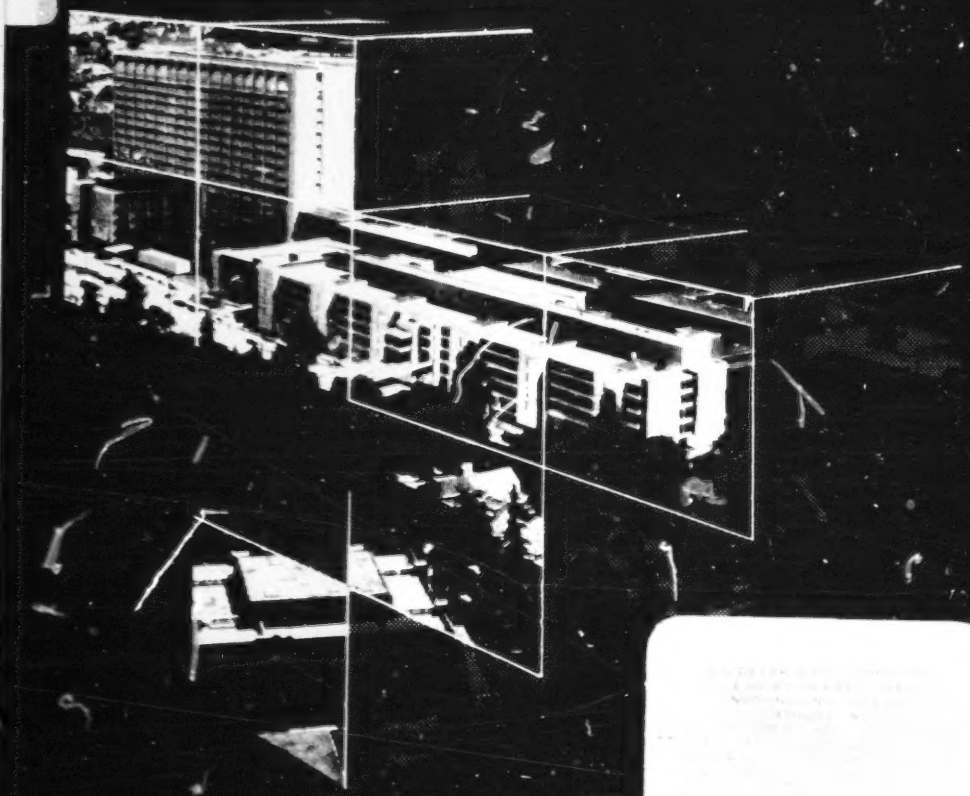
# COOPERATIVE PLANNING *for a* SCHOOL *of* NURSING *within a Health Science Complex*



Health Sciences Building Project University Administration (Authorization)
University Planning Facilities & Construction
Health Sciences Coordinating Committee (Policy Making)
University Architects
Health Sciences Task Force (Decision Making)
Architectural Consultants (Programming)
Ad Hoc Planning Committees for each School and the library (Data Gathering)
Project Architects (Plan Development)
Faculty, Students, Staff (Data Generating)

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# COOPERATIVE PLANNING *for a* SCHOOL *of* NURSING *within a Health Science Complex*

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# Foreword

In the area of health care, a variety of different approaches to educating personnel for the health professions has emerged in response to pressures both from within and from outside the professions. A number of publications have dealt with the steps in planning a building for a school of nursing. This monograph reports on the experiences of one school involved in joint planning for a building shared by three educationally autonomous but administratively coordinated schools in a university health sciences complex.

To make this project possible, Federal matching funds were sought by each of the four schools that comprise the health sciences in this University. Consultative assistance to the School of Nursing was provided by the Division of Nursing and the Division of Physician and Health Professions Education, Bureau of Health Manpower Education, National Institutes of Health. Federal matching funds, made possible through the Nurse Training Act of 1964 as amended by the Health Manpower Act of 1968, were used to supplement the School of Nursing's participation in this project.

Formal planning for the nursing facility began in 1965. The application for Federal funds was submitted in 1968, and the grant award was made to the University in 1969. Construction began early in

1970, and it is anticipated that the facility will be ready for occupancy by the autumn of 1972.

The monograph, although reporting one school's experiences, provides insight into both possibilities and complexities involved in multidisciplinary planning.

Jessie M. Scott

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## Introduction

The purpose of this paper is to describe what happened when a group of persons from diverse backgrounds in health related professions was drawn together by a common goal. The goal was an addition to a health sciences building that would remedy many existing inadequacies in space, provide for a marked increase in the size of the student bodies in the Schools of Dentistry, Medicine, Nursing, and Pharmacy, and promote the realization of personal and corporate efforts by faculties in these fields for improvements in facilities for teaching and learning. Dreams, hopes, plans, and reality had to be brought together so that the final product could become a functional interdisciplinary unit capable of accommodating Dentistry, Medicine (including the basic medical sciences), Nursing, Pharmacy, and the Health Sciences Library.

## The Health Sciences Concept

The concept of the health sciences as an area of knowledge and study similar to the life sciences, the behavioral sciences, the natural sciences, or humanities—a group of closely related sciences sharing a common object of study but each with its own perspective—is an ideal to be realized at some future time. Even the concept of the health sciences as a complex of health related schools on the campus of

American universities has emerged slowly and sporadically during the present century. The development of the complex has usually been contingent on the development of a medical school and a university hospital, even though other health related professional schools or the basic medical sciences may have actually preceded the medical school on the campus. In the literature on medical education and medical history, the term "health sciences" may refer to an aggregate of health related schools in one area of the campus, physically related but administratively and educationally autonomous; to a group of administratively coordinated and educationally autonomous health related professional schools; or, less frequently, as synonymous with "medical center." In the latter case, the School of Medicine may have preceded other schools on the campus and have encouraged the development of the basic medical sciences and nursing as departments in the medical school.

## The Health Sciences Concept at the University of Washington

The development of the health sciences concept at this institution has been gradual, but it has always been an administrative ideal in the University, strongly encouraged and supported at each administrative level from the president to the department

head. The University also has a long history of strong departments in the basic medical sciences that have provided instruction to students in each of the health related professions as they have been established and also to other students in the University.

The School of Nursing is the oldest of the original health sciences professions on campus,[1] tracing its origins as a school back to 1920 and becoming an autonomous school in 1945. The School of Dentistry and the School of Medicine were established as autonomous schools in 1946. In 1947, the three health related professional schools, the basic medical sciences that were administratively organized under the School of Medicine, and the Health Sciences Library moved into the existing Health Sciences Building. The adjacent University Hospital was added several years later.

The Board of Health Sciences, comprised of the Deans of the schools of the three health related professions, coordinates the activities of the schools in areas of mutual administrative concern. The School of Pharmacy and the School of Social Work have developed physically separated from the Health Sciences Building but are increasingly becoming identified as health related disciplines, the Deans of these two schools having recently been invited to become part of the Board of Health Sciences.

[1] The School of Pharmacy, developed at the turn of the century, actually predated the Schools of Dentistry, Nursing, and Medicine.

Like faculty in other schools in the health sciences, the School of Nursing had become accustomed to working within a physical structure that barely met basic needs for shelter and lacked many of the characteristics of an environment capable of fostering ideas for improving teaching and learning. The utilization of space in the existing building had been stretched to the breaking point. Office utilization in the School of Nursing in 1964-65 was estimated at three times that considered optimal. Additional seats had been crowded into the front and rear of classrooms; conference, library, and other types of support space were grossly inadequate. Finally, in 1965, apartment houses and residences in the adjacent area were pressed into service to relieve some of the congestion and overcrowding. Limitations in the laboratory spaces in the basic medical sciences eventually set firm limits on the number of students who could be taught. Enrollments in the School of Nursing were limited to the number of students for whom laboratory spaces were available.

These circumstances presented a challenge to plan realistically in anticipating the needs of the future, rather than to attempt to remedy the glaring defects of an overcrowded structure. A new building would not only have to accommodate a projected minimal 20 percent increase in enrollments and the faculty and staff attendant on such an increase in enrollment, it would also have to accommodate the anticipated advances in curricula and teaching in the four schools

in the health sciences complex. A project of the magnitude envisaged clearly could not be accomplished with the University funds budgeted for capital improvements. Even with the funds that could reasonably be expected by special appropriation from the State legislature, it was apparent that Federal matching funds would be required to finance the project.

Developing the machinery to determine both existing and projected needs of the four schools and to secure the required State and Federal funds constituted a major undertaking, but only part of the challenge. The planners had to learn to think not only of one professional school but of several, all striving toward the goal of educating persons capable of contributing to the expansion and improvement of health care services, but all within the limits of space and funds that could be secured. These factors intensified the challenge and increased the hurdles that had to be surmounted.

Planning for a school of nursing as an academically autonomous school, administratively coordinated within a health sciences complex, then, was the task before us. This type of planning differs from the planning for an autonomous school which builds independently, *not* so much in the steps in planning as in the time required for planning and coordinating human efforts.

## Planning a School of Nursing Building Within a Health Sciences Concept

Plans for the development of expanded facilities for the School of Nursing had been a dream of the Dean of Nursing for many years. Careful study of trends in enrollment in the University over a number of years had enabled the Dean to project the size of the nursing school enrollment with extraordinary accuracy. In 1961, she formally submitted to the President of the University a summary outlining the goals of the school, pointing out the deficiences in existing space and anticipating the need for improved and expanded physical facilities. She also appointed a faculty member to analyze existing and projected needs of faculty for space in detail. The critical importance of a thorough knowledge of what exists, plus an ability to reasonably anticipate and prepare for the future, becomes more apparent when one considers that 4 years elapsed between the time of the first formal presentation of space needs and projected budget to the President and the passage of a bond issue by the voters in 1965. Another 3 years elapsed from the passage of the bond issue to the application for Federal funding. Construction began in early 1970, and in all probability, the building will not be completed until the fall of 1972; thus 11 years will have elapsed from the initial steps of the planning to beginning occupancy of the building.

In anticipation of favorable action on the bond issue by the voters, the legislature appropriated funds so that planning could begin as soon as possible. In a project of this magnitude, escalating costs are a matter of great importance, and the University was concerned with measures to reduce time and increase efficiency in the programming of needs and development of schematic drawings. At the same time, there was a conviction that the "users" of the building must have an opportunity to participate in the decision making in the critical phases of planning. Consequently, architectural consultants and architects were hired, and organizational structures to facilitate planning and decision making were created. An Associate Dean in Medicine was appointed Chairman of the Health Sciences Building Project. Three major types of organizational structures were created to coordinate planning and facilitate decision making:

1. The Health Sciences Coordinating Council. This was a policy-making group comprised of representatives from the President's office, the University Architect's office, and the Deans of each of the four professional schools.[2]
2. The Health Sciences Task Force. This was a decision-making group representative of the "users" of the building (the four professional schools, the basic medical sciences, the clinical

[2] Social Work was not included in this project.

sciences in Medicine and Dentistry, the Health Sciences Library) and the University Architect's office. Each school representative was given a temporary appointment as Assistant Dean for Space Planning, released from half of his or her teaching responsibilities, and given extra remuneration for the additional responsibilities undertaken.

3. Ad Hoc Space Planning Committee in each school. The committees were appointed by the Chairman of the Board of Health Sciences upon recommendation of the respective deans.

In the School of Nursing, the Chairman of the Ad Hoc Space Planning Committee was also Assistant Dean for Space Planning. One faculty member was assigned on a part-time basis to serve on this committee to work with the Assistant Dean and serve as an alternate for her. Four additional faculty were appointed to the committee to represent each of the clinical departments in nursing. The Dean of Nursing was an ex officio member.

## Surveying Needs and Goals

The first task of the Ad Hoc Space Planning Committee was to review and revise the preliminary study of needs for space carried out 4 years previously. In this endeavor, the committee carefully studied all existing space, including temporary space in renovated houses and apartments nearby. Then they began

a study of reports on health needs, patterns in nursing education, plans for the development of health agencies, and trends in population growth and economic development in the local community, the State, and the Northwest. This knowledge of health needs and potential resources was considered in respect to the role of the University in the State and the philosophy of the School of Nursing.

The committee members surveyed their respective departments by questionnaire and follow-up interviews with each faculty member to elicit views on educational needs, the trends envisaged in each nursing specialty, and personal goals as far as particular areas of interest were concerned. Each department head and administrative officer in the School was interviewed in respect to goals and plans for her department or administrative area. Key members of the secretarial staff were also interviewed for an estimation of their projected needs for space and facilities. These data were summarized by each departmental representative.

The ad hoc committee as a whole studied the reports from each survey and channeled this information to the Assistant Dean. Information from the Task Force in turn came back through the Assistant Dean to the ad hoc committee and to the faculty.

Decisions of the President of the University, the University's Architectural Commission, Department of Facilities and Planning, and the Department of

Business and Finance played a critical part in determining the relationship of this project to overall development of the University. These decisions determined the general nature of the project, the extent of the University's ability to fund the project, the building site, and general limitations in regard to architectural design of the building. The Chairman of the Health Sciences Building Project played a pivotal role in representing the needs and interests of the health sciences in negotiating these decisions, and yet providing the leadership necessary to keep the project coordinated with the goals of the University. To provide the coordination described, the Chairman of the Health Sciences Building Project chaired both the Health Sciences Coordinating Council and the Health Sciences Task Force. Academic rank, charisma, and organizational ability were essential attributes of the individual who filled this role, not only because of the size and complexity of the project but also because of the power (personal and formal) possessed by the individuals at each administrative level among whom he was expected to exert leadership.

## Establishing Guidelines

Firm guidelines were established by the chairman of the project in collaboration with the three levels of administrative groups involved. These were:

- To program a building that would allow an increase of from 4,000 to 6,000 students in

Dentistry, Medicine, Nursing, Pharmacy, and allied health fields.

- To plan this building as an addition to an existing health sciences complex, making best use of remodeled existing space, with a firm obligation to stay within the established budget ceiling.
- To preserve the established health sciences concept of shared facilities and services. (This included deciding which of the new facilities would be the domain of individual schools and which would be shared.)
- To anticipate new curricula in the various schools and make adequate provision for technological advances in education.
- To develop the library so that it could serve the planned increase in enrollment *and* serve as a Regional Medical Library for five adjoining States.
- To take advantage of various Federal matching funds programs available, satisfying the requirements of six review groups under four different grant programs.[3]

The first major task of the Task Force was to validate characteristics of the existing complex, including faculty student ratios and student teaching space ratios. This information was relayed to each

[3] White, L., Jr., and Donald Hiscox. "Audiscan Presentation: Role of the Task Force in Architectural Planning," 1968. Unpublished narration script, pp. 3-5.

of the schools. Each department head was asked to project an estimate of space requirements based on expected growth in his department. The 1 million net square feet of floor space estimated by the department heads in response to this request was completely beyond the realm of possibility. The problem was sent to the Coordinating Council. Guidelines from the Coordinating Council established that the new building should be essentially a teaching increment. Therefore, projected space increases for each department would hold grant-supported research space constant and project space on the basis of faculty required to accommodate increases in student enrollment only.

A major accomplishment of the Task Force was to establish consensus that, insofar as possible, all teaching space would be designed to permit maximum utilization and maximum adaptation to curricular change and technological advances.

## Planning Space Needs

A minimum amount of proprietary teaching space was alloted to each school to be developed by the school to meet its unique requirements. In the School of Nursing, this space was used to develop nursing laboratories and independent study carrels. Nursing faculty felt that a lack of these types of teaching space

posed major obstacles to improvement in teaching and curriculum.

Trial computer runs of present curricular offerings of the schools in the health sciences suggested that computer-assisted central scheduling of core classrooms and basic science teaching laboratories could provide increased efficiency of these areas, providing that flexible teaching space could be developed. Throughout the building, efforts were made to keep at a minimum any architectural structures that would be difficult to alter. Wherever possible, types of space requiring more or less fixed structures were "stacked." Thus, classrooms with tiered flooring were placed one over the other in one section of the building; teaching laboratories were similarly placed in another. Movable equipment, rather than fixed equipment, was planned in the laboratories wherever this could be done without jeopardizing function. The small classrooms were constructed with flat floors and room dividers to provide for more flexible teaching space.

In using this concept, individual Task Force members were frequently reminded that there are limits to the advantages of planned flexibility. It is at least theoretically possible to build in so much flexibility that one loses function; consequently, some retrenchment occurred, especially in areas where large numbers of students had to be accommodated in classrooms. In these instances, consideration of sight-lines, acoustics, traffic flow, and probable teaching modes was given priority.

## The Contributions of the Task Force

Working within the policies determined by the Coordinating Council, the Task Force directed its efforts to matters of mutual concern to the schools: collecting and analyzing data on needs of each school, establishing formulas for proportioning available space, providing for optimal physical relationships among departments, developing common teaching and support space, and exploring ways and means of obtaining maximum teaching space from funds available. Consultative assistance from each of the funding agencies was available to members of the Task Force to provide guidance in the planning prerequisite to the application for Federal funds.[4]

The Task Force provided an important channel for rapid feedback from both faculty and the Coordinating Council. Each Task Force member, as a grass roots participant in the teaching-learning enterprise carried on in his school, was aware of needs and desires of his school. Through the Task Force meetings,

[4] In the 3 years prior to the site visit, several contacts had been made with the Nurse Education Facilities Branch, formerly of the Division of Educational and Research Facilities, and now of the Division of Nursing, Bureau of Health Manpower Education. The Chief of the Branch had made a consultation visit very early in the planning stage; members of the Task Force had visited the national office once and had also received considerable assistance through telephone and written correspondence as questions arose throughout the planning period. Assistance was also received from the national office in respect to planning an agenda for the site visit.

each member became more aware of the needs and problems of other schools, as well as overall needs of the health sciences. Thus, while decision making remained with the "users" of the building, each decision had to be considered within the context of the common goals of the health sciences, as well as the goals of the respective school.

Informal discussions between Task Force members and faculty helped to keep faculty in touch with the project. In addition, the Task Force sponsored a series of Open House meetings for all of the faculty in the health sciences. At these meetings, there were briefings on current progress and problems; models of the projected building and current drawings were provided for academic "sidewalk inspection."

Within the Task Force, the role and contribution of the Assistant Dean for Space Planning from the School of Nursing was significant. As a female representative of a largely female group in an otherwise male group, a representative of the largest number of students (mostly undergraduates) and the largest group of graduate students, and as a representative of the only school allocated office space in the new building, she encountered many petty, but very human, problems that had to be resolved at each step of the way. If there had not been a strong tradition of cooperation between the schools, administrative officers firmly dedicated to the health sciences concept, autonomy in educational matters, and independent financial support to bring to the enterprise, the task would have been

impossible. The ideal of a health sciences unit as a truly interdisciplinary area of knowledge within the University provided a powerful incentive and an enticing goal. Nevertheless, given the acuteness of needs, the limitations of finances, and the frailties of human nature, the project was most fortunate to have had administrative support, school autonomy, and independent sources of Federal financial aid.

## The Site Visit

A visit to the site of the proposed building project by members of an appropriate reviewing committee is normally carried out in all Federally funded building projects in order to document, clarify, and expand the information contained in the application for funds. The site visit was a turning point in the development of the project. Not only was it the test of 2½ years of a joint effort, it was also a peak experience for the Task Force. Prior to the site visit, the Task Force had three times come to the point of submitting the application to the funding agencies from whom financial help was being sought. Twice, the financial officers of the University found the project overbudgeted, and the Task Force went back to the planning table. The third time, the application was submitted, and plans for the site visit began immediately.

Since the launching of this building project depended on the ability of each of the schools in the health sciences to secure Federal matching funds for

its share in the building, the Coordinating Council requested that the site visit be conducted as a joint site visit. This provided an opportunity for a team from each of the agencies from which funds were being requested to visit the University, review the plans, inspect the proposed site, and meet with faculty, administrative officials, and community representatives at one time. The joint site visit enabled the University to conserve considerable time and energy, especially on the part of administrative officials, representatives from basic sciences, and Task Force members. The joint visit also provided the site visit teams from each of the funding agencies an opportunity to meet with each other to clarify plans on points of mutual concern, especially in relation to the adequacy of plans for space to be used jointly by the four schools.

The team for the joint site visit was chaired by the Director, Division of Educational and Research Facilities, Bureau of Health Professions Education and Manpower Training,[3] and consisted of five teams of site visitors—one for each of the participating schools and the library. The site visit team for the School of Nursing's application consisted of two nurse consultants who were members of the Review Com-

[3] On September 18, 1970, major components of the Division of Educational and Research Facilities and the Division of Physician Manpower were merged into a new Division of Physician and Health Professions Education; at the same time the Bureau of Health Professions Education and Manpower Training was renamed the Bureau of Health Manpower Education.

mittee on Construction of Nurse Training Facilities;[6] three staff members from the national office of the Nurse Education Facilities Branch, an architect from the regional office of the Division of Educational and Research Facilities; and one staff member from the Nurse Education Training Branch, Division of Nursing, Bureau of Health Professions Education and Manpower Training.[7]

It would be the responsibility of the nurse consultants to present a summary of the application, with a summary of their assessment of the need for the project; the project's strengths, weaknesses, and/or problems; and to make recommendations for action to the Review Committee on Construction of Nurse Training Facilities.

Although a favorable reaction was of critical concern to the School of Nursing, there was a realization that the site visit offered a unique opportunity and challenge to test the plans that had been developed. The site visitors were people from similar programs; they had been through the process of planning a building; they were sensitive to strengths and weaknesses that those close to the project might not be able to

[6] Each of the consultants was a nursing educator; each held an administrative position in a school of nursing offering similar types of nursing programs, but in different sections of the country; and each had been involved recently in planning for the construction of a nursing facility in the school where she was employed.

[7] The other agencies from which funds were requested and which were represented on the joint site visit were from other divisions of the Bureau of Health Professions Education and Manpower Training.

see. Faculty, administrative officers of the University and the School of Nursing, department heads from the basic medical sciences, and representatives of clinical agencies and health planning bodies in the community were called upon to help. The mobilization of effort for the site visit by each of the schools involved in the project provided a useful preliminary test of strength of the planning, clarified commitments, prompted practical scrutiny of obligations and responsibilities, and probed potential weaknesses in the project.

To function successfully on completion of the building, the project will depend on the coordination of efforts in each of these key areas: central administration, budget, community planning, clinical agencies, basic sciences, health sciences administration, nursing school administration, and faculty. It was therefore of critical importance to the University, as well as to the funding agencies, to be sure that key persons in each of these areas understood the proposed project.

## The Master Building Committee

The Task Force's assignment was completed upon receipt of the approval of the grant application by the funding agencies. Consequently, it was disbanded, and a Master Building Committee was appointed. The main function of this committee was to resolve problems relevant to all of the schools that might arise in

implementing the building plans. To help provide continuity in this phase of the project, the Chairman of the Task Force was appointed Chairman of the Master Building Committee. Each of the deans was asked to recommend a representative for appointment to this committee and to appoint a representative to each of the subcommittees to be appointed to implement plans in common teaching areas.

In the School of Nursing, the Assistant Dean for Space Planning and her alternate were appointed to the Master Building Committee. The Assistant Dean also became Chairman of the newly formed School of Nursing Building Committee. The School appointed a representative to the Subcommittee for the Core Classrooms and to the Subcommittee for the Basic Science Teaching Laboratories. Both the Master Building Committee and the School of Nursing Building Committee continue to work on problems that are uncovered as more definitive planning increases the need for specificity of information in the areas of design and equipment.

A major contribution to the efforts made to keep faculty interested and alert to developments in classroom planning was made by an Open House sponsored by members of the nursing faculty. This project featured miniature mockups of one of the 50-seat classrooms and a teaching laboratory, and exhibits and demonstrations of newer types of educational equipment. Experts in educational technology and in the practice of teaching discussed and demonstrated

trends in education, and representatives of the manufacturers of educational equipment were on hand to answer questions and guide faculty discussion.

## Discussion

Planning a new building for a School of Nursing as part of a four-school health sciences project involves time, patience, fortitude, and perseverance. Whether it requires more or less of these ingredients when planning a new building for a nursing program that is part of another school or for a nursing program that is a relatively discrete functional entity is a moot question. The answer—if indeed there is one—is quite possibly irrelevant, since the direction one takes is in large measure dictated by the overall philosophy of the University. Without administrative commitment to the concept of the health sciences as a complex of interrelated disciplines comprising an area of knowledge in the University, it is doubtful that such an enterprise would evolve spontaneously at the present time, even though it makes good sense intellectually.

Among the influences militating against spontaneous movement toward truly interdisciplinary efforts are marked differences among the health professions in power, prestige, and level of scientific sophistication in practice. The contributions of each profession are variously recognized and valued. When financial resources and space are limited (as they almost always are), the organization of human

endeavors to promote the common goals, to balance out differences in power, to regulate and contain competition, and to maintain order become exceedingly important.

Whether by accident or design, the three-level organizational structure developed to allocate authority and designate responsibility functioned also as a system of successive shock absorbers, and promoted the coordination of efforts.

Without the whole-hearted commitment of the University's central administration, it would have been difficult for the individual faculty members who helped to resolve the detailed problems and frustrations of joint planning to sustain their efforts. Insulation from the problems of the conference table, the distractions of other projects, and the practical limitations of budget made it easier for the University to adhere to the health sciences ideal by insisting on:

- optimal utilization of the land site;
- realistic planning with funds in hand;
- development of a health sciences complex, rather than discrete buildings for Dentistry, medicine, Nursing, and Pharmacy.

At an intermediate level, the Coordinating Council was also firmly committed to the health sciences concept as administratively necessary and desirable; but it was also committed educationally to the accomplishment of the goals of the respective schools. Serious disruptions could have occurred at this level, if the daily grass roots problems of individuals and groups were not resolved at the Task Force level.

The Coordinating Council assumed responsibility for delineating policies that would implement the philosophy of the University. At the same time, it was able to support the decisions of the Assistant Deans as they worked together in the Task Force and with the faculties of their respective schools.

At the Task Force level, the Assistant Deans were largely responsible for making the decisions that would make the joint project work. Among the most obvious and important strengths of the School of Nursing were:

- a long history of effective collaboration with others;
- educational identity and autonomy;
- access to tax funds appropriated for expansion of the School of Nursing;
- the potential for securing matching funds from the Federal Government specifically for nursing education.

At this level, it was essential to have a clear picture of the goals of the school, to understand the needs of faculty for space, and to have effective channels for communicating with the faculty. The Ad Hoc Planning Committee in the School of Nursing and the faculty member assigned part time to assist with the project were essential factors in establishing and maintaining these lines of communication.

Repeated conferences by these persons with individual faculty and with small groups of faculty were necessary, not only to ascertain the needs and preferences of the faculty but also to help them understand

the potentials, as well as the limitations of the space being planned.

A system of communication that provides for the transmission of information required to carry out functions, but filters out unnecessary or irrelevant information is essential for a project such as this. The three distinct, but related, levels of decision making provided for some degree of filtering of communication. This lessened the wear and tear on individuals and perhaps favored decisions in the interest of overall goals. At times, the joint planning seemed slow, unwieldy, and costly. Compromises and sacrifices were inevitable. The anticipated outcomes are, however, richer than could have been achieved by one decision-making group or individual.

The role that bore the full brunt of the impact of the problems, both major and minor, was that of the Chairman of the Building Project. In addition to chairing the Coordinating Council and the Task Force, the Chairman was responsible for negotiations with the President, the Finance Office, the Architectural Commission, and each of the funding agencies concerned with the project. Direct access to communication at each level of responsibility made it possible for him to coordinate efforts, but it also permitted the full impact of unfiltered communication to bear on this role—a considerable source of strain.

A great deal more than free flowing space is needed for a truly interdisciplinary approach to the development of knowledge in the health professions. This project has been a significant step in the direction of accomplishment of this ideal.

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## BIOGRAPHICAL DATA

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Miss Crowley is a native of South Dakota where she was graduated from McKennan School of Nursing, Sioux Falls, in 1941. She received a Bachelor of Science in Nursing from St. Louis University, St. Louis, Missouri, in 1950; a Master's Degree in Nursing Education from Catholic University of America, Washington, D.C.; and in 1960, a Ph.D. in Sociology from Catholic University of America. She is an Associate Professor and Assistant Dean of the School of Nursing, University of Washington.

Elizabeth J. Worthy, R.N., M.N.

Miss Worthy is a native of England where she received an R.N. in 1940 from King's College Hospital, London, and the Sister Tutor Diploma of London University from the Royal College of Nursing in 1946. Miss Worthy graduated from McGill University, Canada, in 1954 and obtained a master's degree from the University of Washington in 1964. She is an Assistant Professor in Maternal-Child Nursing at the University of Washington.



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